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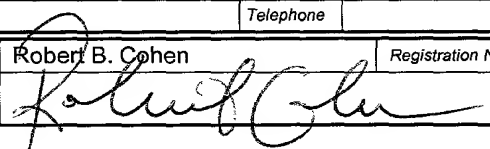
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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. SCEI 3.0-086	
(Only for new nonprovisional applications under 37 CFR 1.53(b))		First Inventor Nobuo Sasaki	
		Title MULTI-PROCESSOR SYSTEM, DATA, etc.	
		Express Mail Label No.	
APPLICATION ELEMENTS		ADDRESS	
See MPEP chapter 600 concerning utility patent application contents.		Commissioner for Patents Washington, DC 20231	
1 <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7 <input type="checkbox"/>	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2 <input type="checkbox"/>	Applicant claims small entity status See 37 CFR 1.27.	8. <input type="checkbox"/>	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3 <input checked="" type="checkbox"/>	Specification [Total Pages 42] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	a <input type="checkbox"/>	Computer Readable Form (CRF)
4 <input type="checkbox"/>	Drawing(s) (35 U.S.C. 113) [Total Sheets 9]	b. <input type="checkbox"/>	Specification Sequence Listing on: <ul style="list-style-type: none">i <input type="checkbox"/> CD-ROM or CD-R (2 copies); orii <input type="checkbox"/> paper
5 <input type="checkbox"/>	Oath or Declaration [Total Pages] <ul style="list-style-type: none">a <input type="checkbox"/> Newly executed (original or copy)b <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)<ul style="list-style-type: none">i <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)	c. <input type="checkbox"/>	Statements verifying identity of above copies
6 <input type="checkbox"/>	Application Data Sheet See 37 CFR 1.76	ACCOMPANYING APPLICATIONS PARTS	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76		9. <input type="checkbox"/>	Assignment Papers (cover sheet & document(s))
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____		10. <input type="checkbox"/>	37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney
Prior application information Examiner _____ Group / Art Unit: _____		11. <input type="checkbox"/>	English Translation Document (if applicable)
For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		12. <input type="checkbox"/>	Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
		13. <input type="checkbox"/>	Preliminary Amendment
		14. <input checked="" type="checkbox"/>	Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
		15. <input type="checkbox"/>	Certified Copy of Priority Document(s) (if foreign priority is claimed)
		16. <input type="checkbox"/>	Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
		17. <input checked="" type="checkbox"/>	Other: Unexecuted Declaration
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<input type="checkbox"/> Correspondence address below	
Name		000530	
Address			
City	State	Zip Code	
Country	Telephone	Fax	
Name (Print/Type)	Robert B. Cohen	Registration No. (Attorney/Agent)	32,768
Signature		Date	September 26, 2001

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<h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">for FY 2001</h3> <p style="font-size: small; margin: 0;">Patent fees are subject to annual revision.</p>		Complete if Known																																																																																																																																																																																																																																																			
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104	270	204	135	Multiple dependent claim, if not paid																																																																																																																																																																																																																																																	
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Name (print/type) Robert B. Cohen		Telephone (908) 518-6316																																																																																																																																																																																																																																																			
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